



#3

Please type a plus sign (+) inside this box → ☐PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Dock t Numb r	B0023-US01
	First Named Inventor	HLAVINKA, et al.
	COMPLETE IF KNOWN	
	Application Number	10 / 005431
	Filing Date	11/02/2001
	Group Art Unit	1724
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUID SEPARATION DEVICES, SYSTEMS AND/OR METHODS USING A FLUID PRESSURE DRIVEN AND/OR BALANCED CONFIGURATION

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **11/02/2001** as United States Application Number or PCT International

Application Number **10/005431** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/245282	11/02/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:

Customer Number
or Bar Code Label

24994

OR ☐

Correspondence address below

Name Gambro, Inc.

Address 10810 W. Collins Ave.

Address

City Lakewood

State CO

ZIP 80215-4439

Country USA

Telephone 303-205-2560

Fax 303-231-4198

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :



A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Dennis J.

Family Name
or Surname

HLAVINKA

Inventor's
Signature

Date 1/15/02

Residence: City Golden

State CO

Country U.S.A.

Citizenship U.S.A.

Mailing Address 7365 North Salvia Court

Mailing Address

City Golden

State Colorado

ZIP 80419

Country U.S.A.

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Thomas J.

Family Name
or Surname

FELT

Inventor's
Signature

Date

Residence: City Boulder

State CO

Country U.S.A.

Citizenship U.S.A.

Mailing Address 4210 Evans Drive

Mailing Address

City Boulder

State Colorado

ZIP 80303

Country U.S.A.

☐ Additional inventors are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number	B0023-US01
	First Named Inventor	HLAVINKA, et al.
	COMPLETE IF KNOWN	
	Application Number	10 / 005431
	Filing Date	11/02/2001
	Group Art Unit	1724
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUID SEPARATION DEVICES, SYSTEMS AND/OR METHODS USING A FLUID PRESSURE DRIVEN AND/OR BALANCED CONFIGURATION

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **11/02/2001** as United States Application Number or PCT International

Application Number **10/005431** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/245282	11/02/2000

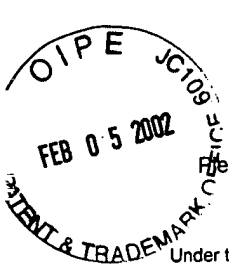
☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24994	OR	<input type="checkbox"/> Correspondence address below
Name Gambro, Inc.					
Address 10810 W. Collins Ave.					
Address					
City Lakewood		State CO		ZIP 80215-4439	
Country USA		Telephone 303-205-2560		Fax 303-231-4198	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Dennis J.			Family Name or Surname HLAVINKA		
Inventor's Signature				Date	
Residence: City Golden		State CO		Country U.S.A.	
Citizenship U.S.A.					
Mailing Address 7365 North Salvia Court					
Mailing Address					
City Golden		State Colorado		ZIP 80419	
Country U.S.A.					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Thomas J.			Family Name or Surname FELT		
Inventor's Signature <i>Thomas J. Felt</i>				Date 2/1/02	
Residence: City Boulder		State CO		Country U.S.A.	
Citizenship U.S.A.					
Mailing Address 4210 Evans Drive					
Mailing Address					
City Boulder		State Colorado		ZIP 80303	
Country U.S.A.					
<input type="checkbox"/> Additional inventors are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/005431
Filing Date	11/02/2001
First Named Inventor	HLAVINKA, et al.
Group Art Unit	1724
Examiner Name	Not yet assigned
Attorney Docket Number	B0023-US01

I hereby appoint:

☒ Practitioners at Customer Number

24994

OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Dennis J. Hlavinka

Signature

Date

11/15/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

+

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/005431
Filing Date	11/02/2001
First Named Inventor	HLAVINKA, et al.
Group Art Unit	1724
Examiner Name	Not yet assigned
Attorney Docket Number	B0023-US01

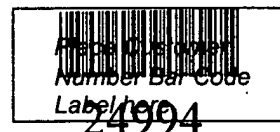
I hereby appoint:

☒ Practitioners at Customer Number

24994

OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Thomas J. Felt

Signature

Thomas J. Felt

Date

2/01/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.